No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

399

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1002

Primary Registration District No.

State File No. 14035

Registrar's No. 1347

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days, (Specify whether In this community as above years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska, (b) County Richardson,

(c) City or town Stella, (If outside city or town limits write "RURAL")

(d) Street No. — (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Carrie M. Clark, 462

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. A. Clark,

6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased August (Month) 17 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
67	2.8	8	hr. min.

9. Birthplace Illinois, (City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name Isaac W. Harris,

13. Birthplace Illinois, (City, town, or county) (State or foreign country)

14. Maiden name Rose Hassler,

15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant R. A. Clark,

(b) Address Stella, Nebraska.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 4- -40 (Month) (Day) (Year)

(c) Place: burial or cremation Stella, Nebraska.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-25-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th, year 1940 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Apr 19-1940, 19, to Apr. 24-1940, 19; that I last saw her alive on Apr 24-1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1- Ventricular Fibrillation	24 hrs
2- Interventricular block	
Due to 3- Coronary Sclerosis	
4- Cortical Hemorrhage	8 days
Due to 5- Vascular nephritis	2 yrs
Cerebral	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Autopsy Refused.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. K. Lynch (M. D. or other)

Address 826 Prof. Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Trimble and Dr. Walker.

2 P.M.
Pro 17 1209
8 34

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....

Carey Tanner Jr. ...., Registered Apprentice No. 221,

working under my personal supervision.

Signed J B Waters

Licensed Embalmer No. 3992

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.